

27 (3) N

Please type a plus sign (+) inside this box 0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

Attorney Docket Number

960296.97362

Pro

First Named Inventor

DEREK L. EAGER

COMPLETE IF KNOWN

Application Number

Filing Date

AUGUST 7, 2000

Group Art Unit

Examiner Name

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR CACHING OF MEDIA FILES TO REDUCE DELIVERY COST

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/147,569	August 6, 1999	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. #4599973

Please type a plus sign (+) inside the box

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name OR		<input type="checkbox"/> Customer or label Number	
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			

Name	Registration Number	Name	Registration Number
Thomas W. Ehrmann	20,374	Bennett J. Berson	37,094
Herbert W. Mylius	24,578	Michael A. Jaskolski	37,551
Barry E. Sammons	25,608	Richard T. Roche	38,599
J. Rodman Steele	25,931	Mark D. Passler	40,764
Nicholas J. Seay	27,386	Stanley A. Kim	42,730
George E. Haas	27,642	Scott D. Paul	42,984
Michael J. McGovern	28,326	John T. Pienkos	42,997
Carl R. Schwartz	29,437	Daniel G. Radler	43,028
Gregory A. Nelson	30,577	Gregory M. Smith	43,136
Keith M. Baxter	31,233	Steven J. Wietrzny	44,402
John D. Franzini	31,356	Steven M. Greenberg	44,725
Joseph W. Bain	34,290	David M. Kettner	45,589
Robert J. Sacco	35,667	Adam J. Forman	P46,707
Jean C. Baker	35,433		
David G. Ryser	36,407		

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to		<input type="checkbox"/> Customer Number or label	OR	<input checked="" type="checkbox"/> Fill in correspondence
Name	Adam J. Forman, Esq.			
Address	Quarles & Brady LLP			
Address	411 East Wisconsin Ave. Suite 2040			
City	Milwaukee	State	WI	Zip 53202-4497
Country	USA	Telephone	(414) 277-5405	Fax (414) 271-3552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:					A petition has been filed for this unsigned inventor		
Given Name	Derek		Middle Initial	L.	Family Name	Eager	Suffix e.g. Jr.
Inventor's Signature						Date	
Residence:	Saskatoon		State		Country	Canada	Citizenship Canada
Post Office							
Post Office	222 Blackshire Place						
City	Saskatoon SK S7V 1B3	State	Zip		Country	Canada	Applicant Authority
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto						

Please type a plus sign (+) inside this box

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name	Michael		Middle Initial	C.	Family Name	Ferris			Suffix e.g. Jr.
Inventor's Signature						Date			
Residence:	Madison			State	WI	Country	U.S.	Citizenship	U.K.
Post Office									
Post Office	2102 Jefferson St.								
City	Madison	State	WI	Zip	53711	Country	U.S.	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name	Mary		Middle Initial	K.	Family Name	Vernon			Suffix e.g. Jr.
Inventor's Signature						Date			
Residence:	Madison			State	WI	Country	U.S.	Citizenship	U.S.
Post Office									
Post Office	1900 Arlington Place								
City	Madison	State	WI	Zip	53705	Country	U.S.	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date			
Residence:				State		Country		Citizenship	
Post Office									
Post Office									
City			State		Zip	Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date			
Residence				State		Country		Citizenship	
Post Office									
Post Office									
City			State		Zip	Country		Applicant Authority	
	Additional inventors are being named on supplemental sheet(s) attached hereto								